

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Fist Named Inventor : Teresa Amorin
Serial No. : 10/822,281
Filing or §371 Date : April 9, 2004
Examiner : Phillips, Charles A.
Group Art Unit : 3751
Docket Number : 1119309-0005

CERTIFICATE OF EFS-WEB TRANSMISSION
I hereby certify that this paper is being
transmitted via the Electronic Filing System
to the U.S. Patent and Trademark Office on
the date indicated below.

/John M. Genova/ November 9, 2007
Signature Date

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES
(37 C.F.R. §1.191)**

Sir:

The claims of the referenced application have been rejected more than twice.
Accordingly, as provided by 37 C.F.R. §41.31(a), Applicant hereby appeals to the Board of
Patent Appeals and Interferences from the last decision of the Examiner as set forth in the Office
Action, mailed May 2, 2007. The item(s) below are appropriate:

1. STATUS OF APPLICANT

This application is on behalf of a small entity.

2. FEE FOR FILING NOTICE OF APPEAL

Pursuant to 37 C.F.R. §1.17(b), the fee for filing the Notice of Appeal is \$255.00.

Adjustment date: 03/17/2008 CKHLOK
11/13/2007 INTEFSW 00002044 231703 10822281
02-FC:2253 525.00 CR

3. EXTENSION OF TERM

The proceedings herein are for a patent application and the provisions of 37 C.F.R. §1.136 apply.

(a) ☒ Applicant petitions for an extension of time under 37 C.F.R. §1.136 (fees: 37 C.F.R. §1.17(a)(1-4)) for the total number of months checked below:

<u>Extension (months)</u>	<u>Fee for other than small entity</u>
<input type="checkbox"/> one month	\$60.00
<input type="checkbox"/> two months	\$230.00
<input checked="" type="checkbox"/> three months	\$525.00
<input type="checkbox"/> four months	\$820.00

Fee \$525.00

If an additional extension of time is required, please consider this a petition therefor.

☐ An extension for _____ month has already been secured by the Amendment after Final, filed _____. The fee paid therefor of _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$525.00

or

(b) ☐ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that Applicants have inadvertently overlooked the need for a petition and fee for extension of time.

4. TOTAL FEE DUE

The total fee due is:

Notice of Appeal fee \$ 255.00

Extension fee (if any) \$ 525.00

TOTAL FEE DUE \$ 780.00

5. FEE PAYMENT

☐ Attached is a check in the sum of \$ _____.

☒ Charge Account No. 23-1703 the sum of \$ 780.00.

6. FEE DEFICIENCY

☒ If any additional extension and/or fee is required, charge Account No. 23-1703.

AND/OR

☐ If any additional fee for claims is required, charge Account No. 23-1703.

Dated: November 9, 2007

Respectfully submitted,


/John M. Genova/

Reg. No. 32,224

Customer No. 007470

Direct Dial: (212) 819-8832

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: 03/15/08				2 Serial/Patent # 10/822,281							
3 Please refund the following fee(s):				4 PAPER NUMBER	5 DATE FILED		6 AMOUNT				
	Filing						\$				
	Amendment						\$				
X	Extension of Time			N/AP	11/09/07		\$ 525.00				
	Notice of Appeal/Appeal						\$				
	Petition						\$				
	Issue						\$				
	Cert of Correction/Terminal Disc.						\$				
	Maintenance						\$				
	Assignment						\$				
	Other						\$				
				7 TOTAL AMOUNT OF REFUND			\$ 525.00				
				8 TO BE REFUNDED BY:							
				Treasury Check							
				X	Credit Deposit A/C #:						
				9	2	3	--	1	7	0	3
10 REASON:											
	Overpayment										
	Duplicate Payment										
X	No Fee Due (Explanation):										
EXT FILED OUTSIDE OF THE EXTENDABLE PERIOD OF TIME FOR REPLY. CONCURRENTLY FILED											
WITH PETITION TO REVIVE											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: April M. Wise				TITLE: Petitions Examiner							
SIGNATURE: /APRIL M. WISE/				PHONE: 571-272-1642							
OFFICE: Office of Petitions											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: 				DATE: 3/17/08							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**